IRO Certificate #4599

NOTICE OF INDEPENDENT REVIEW DECISION

August 13, 2002

Re: IRO Case # M2-02-0873-01

Texas Worker's Compensation Commission:

___ has been certified as an independent review organization (IRO) and has been authorized to perform independent reviews of medical necessity for the Texas Worker's Compensation Commission (TWCC). Texas HB. 2600, Rule133.308 effective January 1, 2002, allows a claimant or provider who has received an adverse medical necessity determination from a carrier's internal process, to request an independent review by an IRO.

In accordance with the requirement that TWCC assign cases to certified IRO's, TWCC assigned this case to ___ for an independent review. ___ has performed an independent review of the proposed care to determine if the adverse determination was appropriate. For that purpose, ___ received relevant medical records, any documents obtained from parties in making the adverse determination, and any other documents and/or written information submitted in support of the appeal.

The case was reviewed by a physician who is Board Certified in Neurological Surgery, who specializes in problems of the upper extremities. He or she has signed a certification statement attesting that no known conflicts of interest exist between him or her and any of the treating physicians or providers, or any of the physicians or providers who reviewed the case for a determination prior to referral to ___ for independent review. In addition, the certification statement further attests that the review was performed without bias for or against the carrier, medical provider, or any other party to this case.

The ___ reviewer who reviewed this case has determined that, based on the medical records provided, the requested treatment is not medically necessary. Therefore, ___ agrees with the adverse determination regarding this case. The reviewer's decision and the specific reasons for it, is as follows:

> History
> This case involves a 39-year-old female who was in a motor vehicle accident on ___. She developed pain in her neck, back, arms and lower extremities. Diagnostic tests showed cervical difficulties, probably causing nerve root compression. Cervical lamintomies at two levels were performed, but the patient did not improve and continued to have neck, back upper extremity and lower extremity pain. A reduction mammoplasty was performed in the hope that that would relieve the patient's discomfort. Because of the patient continued pain, a repeat myelogram of the cervical and lumbar regions was recommended, but this was not done as the patient changed physicians. The patient then had multiple injections, testing and chiropractic manipulations without apparent help. As of 4/18/02 the

back pain continued and had become more severe, radiating to the buttocks and lower extremities. Bilateral lumbar facet joint injections and bilateral sacroiliac joint injections have now been recommended.

Requested Service(s)
Bilateral facet joint injections, bilateral sacroiliac joint injections

Decision
I agree with the carrier's decision to deny the requested treatment.

Rationale
No x-ray evidence was presented that shows that the sacroiliac joints are a potential source of the patient's pain. The pain has consistently extended into the buttocks and lower extremities. Sacroiliac joint injections would probably be of no benefit to the patient. The patient has had potential lumbar spine pathology, as evidenced by her CT myelogram, and pursuing repeat myelography with flexion and extension views, searching for instability, would be a more logical approach than injections. Because of continued neck and arm discomfort, myelography of the cervical region should also be evaluated.

This medical necessity decision concerning the requested treatment by an Independent Review Organization is deemed to be a Commission decision and order.

YOUR RIGHT TO REQUEST A HEARING

Either party to this medical dispute may disagree with all or part of the decision and has a right to request a hearing.

If disputing a spinal surgery prospective decision, a request for a hearing must be in writing, and it must be received by the TWCC Chief Clerk of Proceedings within **10** (ten) days of your receipt of this decision (28 Tex. Admin. Code 142.5(c)).

If disputing other prospective medical necessity (preauthorization) decisions, a request for a hearing must be in writing, and it must be received by the TWCC Chief Clerk of Proceedings within **20** (twenty) days of your receipt of this decision (28 Tex. Admin. Code 148.3).

This decision is deemed received by you 5 (five) days after it was mailed (28 Tex. Admin. Code 102.4(h) or 102.5(d). A request for a hearing should be sent to:
Chief Clerk of Proceedings, Texas Worker's Compensation Commission, P O Box 40669, Austin, TX 78704-0012. **A copy of this decision should be attached to the request.**

The party appealing this decision shall deliver a copy of its written request for a hearing to all other parties involved in the dispute (Commission Rule 133.308(t)(2)).

Sincerely,